

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000007975

**FILED  
Apr 30, 2013  
Secretary of State  
CC8265229029**

**Entity Name:** BAPTIST MEDICAL CENTER OF CLAY, INC.

**Current Principal Place of Business:**

841 PRUDENTIAL DRIVE  
SUITE 1802  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

841 PRUDENTIAL DRIVE  
SUITE 1802  
JACKSONVILLE, FL 32207

**FEI Number: 75-3198121**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GRANGER, HARVEY  
841 PRUDENTIAL DRIVE  
SUITE 1802  
JACKSONVILLE, FL 32207 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            DP  
Name            GREENE, A HUGH  
Address        800 PRUDENTIAL DR  
City-State-Zip: JACKSONVILLE FL 32207

Title            DV  
Name            WILBANKS, JOHN F  
Address        800 PRUDENTIAL DR  
City-State-Zip: JACKSONVILLE FL 32207

Title            DVT  
Name            LUKASZEWSKI, MICHAEL  
Address        800 PRUDENTIAL DR  
City-State-Zip: JACKSONVILLE FL 32207

Title            VS  
Name            GRANGER, HARVEY  
Address        841 PRUDENTIAL DRIVE, SUITE 1802  
City-State-Zip: JACKSONVILLE FL 32207

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: HARVEY GRANGER**

**VICE PRESIDENT**

**04/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date